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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/21/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left knee hemiarthroplasty with a 3 day inpatient stay

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Orthopedic surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination 06/28/12

Utilization review determination 07/02/12

Preauthorization review 06/27/12

Preauthorization review 07/02/12

Physical therapy progress notes 09/30/11-02/15/12

Progress notes

Operative report left knee arthroscopy with partial medial meniscectomy, medial femoral condyle chondroplasty, lateral femoral condyle chondroplasty, intraarticular loose body removal, synovectomy 11/30/11

Procedure notes steroid injections left knee 12/06/11, 01/19/12, and 03/01/12

Office note

Procedure notes Euflexxa injections left knee 04/16/12, 04/24/12, and 05/01/12

Office note

MRI left knee 02/16/11

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male. Records indicate he was injured when he fell at work. He complains

of left knee pain. MRI of the left knee on 10/06/11 revealed a subtle tear of posterior horn of medial meniscus and mid body medial meniscus; subtly enlarged lateral meniscus indicating minimal discoid meniscus, no meniscal tear; tricompartmental osteoarthritis; intact cruciate ligaments and collateral ligaments. The claimant is status post left knee arthroscopic surgery on 11/30/11 including partial medial meniscectomy, chondroplasty of medial and lateral femoral condyle, intraarticular loose body removal, and synovectomy. The claimant remained symptomatic despite postoperative rehabilitation. A series of steroid injections to the left knee was performed, without significant improvement. The claimant then underwent a series of Euflexxa injections to the left knee which were ineffective. The claimant was seen on 06/05/12 and reports his left knee is "killing him." He is unable to be active. Examination reported the claimant to be short statured, centripetally obese, high BMI and deconditioned appearing male. Left knee showed well healed arthroscopy portal scars, boggy and very minimal synovitic effusion at most. There was distinct pain over the lateral femoral condyle. The medial compartment is completely non-tender. The patellofemoral compartment is completely non-tender with full range of motion. Deep knee flexion did not increase his anterior or medial compartment pain. There were no mechanical symptoms and negative McMurray's. There was no distal swelling. Homan's was negative. Gait was antalgic. Claimant was recommended to undergo left knee hemiarthroplasty.

A request for left knee hemiarthroplasty with a three day inpatient stay was non-certified as medically necessary according to utilization review notice dated 06/28/12. It was noted that the claimant is years of age. There were no notes with examination, deficits or recent conservative care, Synvisc or cortisone injections, or recent imaging from the treating doctor. There were physical therapy notes and notes from the PA from 09/11. The request for surgery and request for CPM and cryotherapy are not medically necessary per evidence based guidelines. No plain radiographs were noted showing arthritis. There is no documentation of the failure of viscosupplementation or cortisone injections.

A reconsideration request was non-certified per utilization review notice dated 07/02/12. It was noted that documentation submitted for review indicates the claimant continues with complaints of pain to the left knee. He has undergone viscosupplementation injections, steroid injections and physical therapy status post-surgical intervention on 11/30/11. However, the claimant has not met criteria for hemiarthroplasty. The clinical documentation submitted for review did not include any diagnostic imaging studies of the claimant's pathology to the left knee. Furthermore the clinical notes reflected BMI of 41.8 which exceeds Official Disability criteria for less than 35. It was further noted that the BMI was approximately 10 months old. As such it was determined the request for left knee hemiarthroplasty with Arthrosurface implant with three day inpatient stay is not medically necessary.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The clinical data provided does not support a determination of medical necessity for the proposed left knee hemiarthroplasty with three day inpatient stay. Claimant sustained an injury secondary to a fall. He is status post left knee arthroscopy performed 11/30/11. Following surgical intervention the claimant continued to complain of left knee pain. He was treated with post-operative physical therapy as well as a series of steroid injections followed by a series of Synvisc injections none of which provided any significant benefit. However, there is no indication that the claimant has had a trial of unloading brace. The records reflect that the claimant is years of age, and is obese with a high BMI. Most recent BMI was reported from 09/07/11 indicating BMI of 41.8. Most recent note from 06/05/12 reported only "centripetally obese, high BMI." Per Official Disability Guidelines, hemiarthroplasty is not indicated for patients BMI over 35. As such the claimant does not meet Official Disability Guidelines criteria for the proposed procedure and previous denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)